



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid \$150.00
Date 11/27/06

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Southwest Camano Water Home Tel: (360) 239-4713
Mailing Address 1038 Circle Drive Work Tel: () - same
City Camano Island State WA Zip+4 98282+ FAX: (360) 387-0597

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Darryl Jones Home Tel: () - same
Mailing Address same as above Work Tel: () -
City State Zip+4 + FAX: () -
Relationship to applicant Manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 9 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s)
of Domestic / Public Supply. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient.
Estimate a maximum annual quantity to be used in acre-feet per year: 5.4

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER					If GROUNDWATER			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					A permit is desired for <u>2</u> well(s).			
Number of diversions: <u> </u>								
Source flows into (name of body of water):					Size & depth of well(s): <u>4" dia. 185 feet deep</u>			
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>3 gallon well is 500' North of the S.E. corner section 25, 6 gallon minute well is 1000' North thence 200' west of East section line</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>S.W.</u>	<u>N.E.</u>	<u>25</u>	<u>30N</u>	<u>3 E</u>	<u>Island</u>			
For Ecology Use Date Received: <u>11/27/06</u> Priority Date: <u>11/27/06</u>								
SEPA: Exempt/Not Exempt FERC License # <u> </u> Dept. Of Health # <u> </u>								
Date Accepted As Complete <u>11/27/06</u> By <u> </u> Date Returned <u> </u> By <u> </u> WRIA: <u>6</u>								

Appl. No.: G1-28472



Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Southwest Canino Water
- B. Briefly describe your proposed water system. (See instructions.)
I have two wells on adjoining acreage I would like to have 2 class B systems. This give the potential of over 5000 gallons in a day withdrawn. The county is requiring I get a water right.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 18 Type of connection Homes
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: N/A
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

water tanks
above ground

☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Take Hwy 532 to Camano Island stay left on E. Camano Dr. turn left a go south on S.E. Camano Dr. follow past Dahlman road approx 2.5 miles site is on right - S.E. Camano water is 4126 S.E. Camano Dr. and the adjoining well is 4138 S.E. Camano Dr.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

I have retained legal right to develop the water through recorded documents
I do own three parcels already connected.

B. Does the applicant own the land on which the water source is located?

☐ YES ☒ NO

If no, submit a copy of agreement:

See attached recordings

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Day Jones
Applicant (or authorized representative)

Date 11/17/06

Landowner for place of use (if same as applicant, write "same")

Date _____



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).